

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death

1906

Month

Sept.

Day

30

Age

Years

Months

2

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Kingston

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Enoch Barnes

Father's  
Birthplace

Curtis Chapel

Mother's  
Maiden Name

Mollie Williams

Mother's  
Birthplace

" "

Name of person giving  
information

Parker Barry

How related  
to deceased

Grand Parent

## CAUSES OF DEATH

Primary

Inflammation of Stomach

How long

2 months

Immediate

Exp. of Lungs

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

F. M. Godes. M.D.

Address

Somerset Co. Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Richard Bowser

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Upper Fairmount

County Somerset

Date of death 1906 Sept

Day 2<sup>nd</sup>

Age 7 Years

Months 8

Days 26

Sex Male

Color or Race Black

Birthplace Fairmount

Occupation None

Where Residing if not at place of death

Married Single  
or Widowed

Name of Wife or Husband

Father's Name B. Bowser

Father's Birthplace Somerset Co

Mother's Maiden Name Carrie Waters

Mother's Birthplace

Name of person giving information George Hall

How related to deceased None

## CAUSES OF DEATH

Primary Whooping Cough

How long 3 weeks

Immediate Congestion of Lungs

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

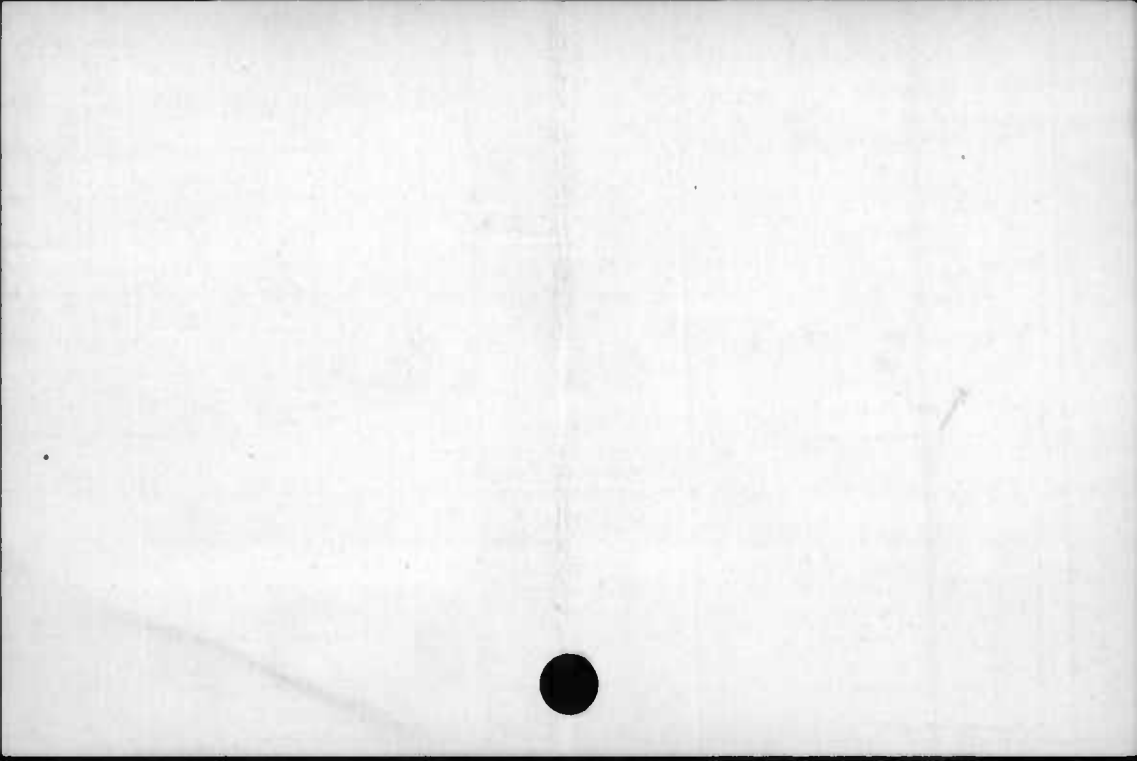
G. E. Dickinson

Address

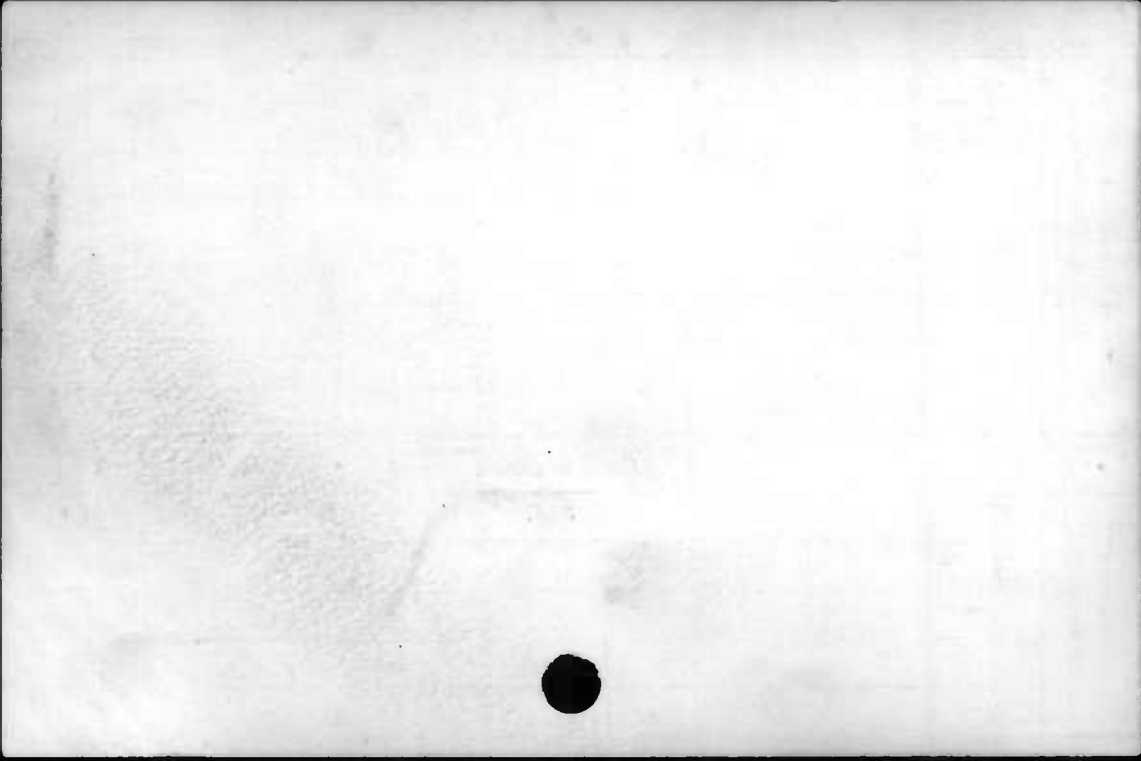
Upper Fairmount Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Menell Bowman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Date of death		Month		Days	
		Sex		Color or Race		Birth-place	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
		Name of person giving information		How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Dysentery		How long	
		Immediate		asthma		How long	
		Are the name, age, sex, color, date and place correctly given above?		yes			
		Signature of Physician		J. J. Windsor			
		Address		Laydes Church			
		Accident or Suicide?		no			
				Somerset Co., Md.			



Name  
in  
Full

Levi S. Daugherty

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Orisfield*County *Somerset*Date of death *1906*Month *9*Day *24*Age *73*

Years

Months

Days

Sex

*Male*Color or  
Race*White*Birth-  
place*Somerset Co*

Occupation

*Clark's Lumber Yrd*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Levi Daugherty*Father's  
Birthplace*Somerset Co*Mother's  
Maiden Name*Ester*Mother's  
Birthplace*"*Name of person giving  
In formation*Levi Daugherty*How related  
to deceased*1 Brother*

## CAUSES OF DEATH

Primary

*Bright's Disease*

How long

*12 mos*

Immediate

*Heart Failure*

How long

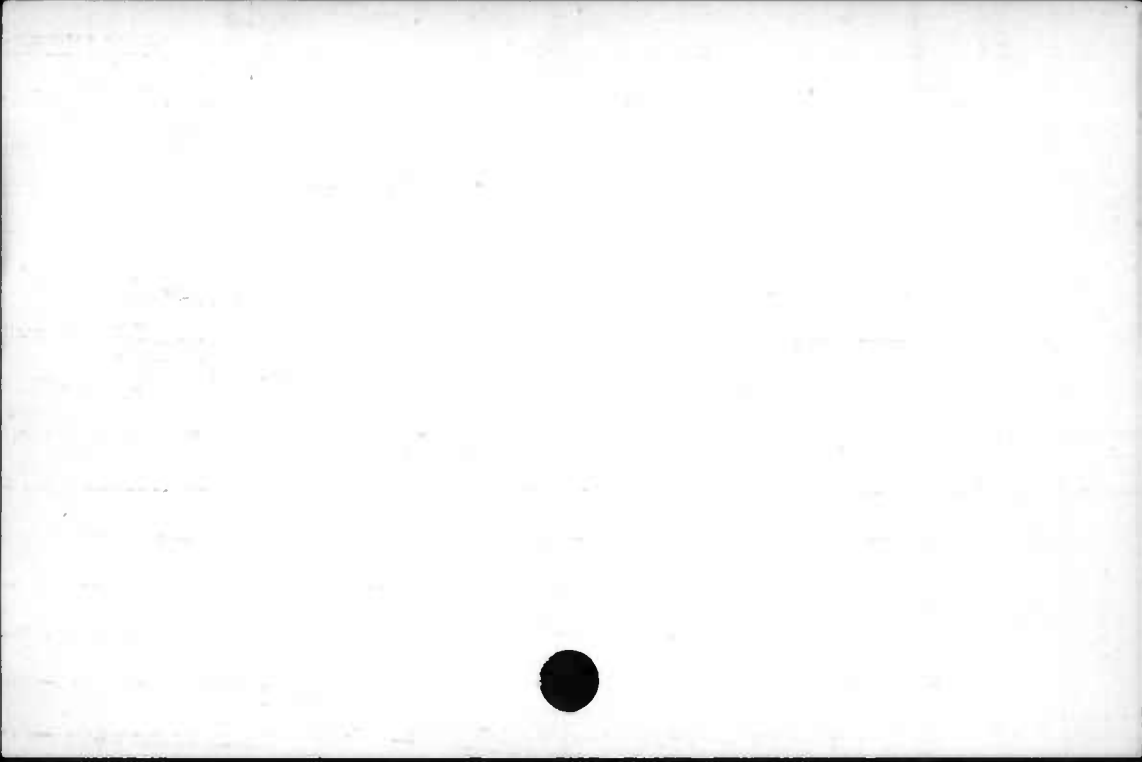
Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*F. J. Somers**Orisfield  
MD*

Accident or Suicide?

*No*





Name  
in  
Full

Noah W. Gurdy

## CERTIFICATE OF DEATH

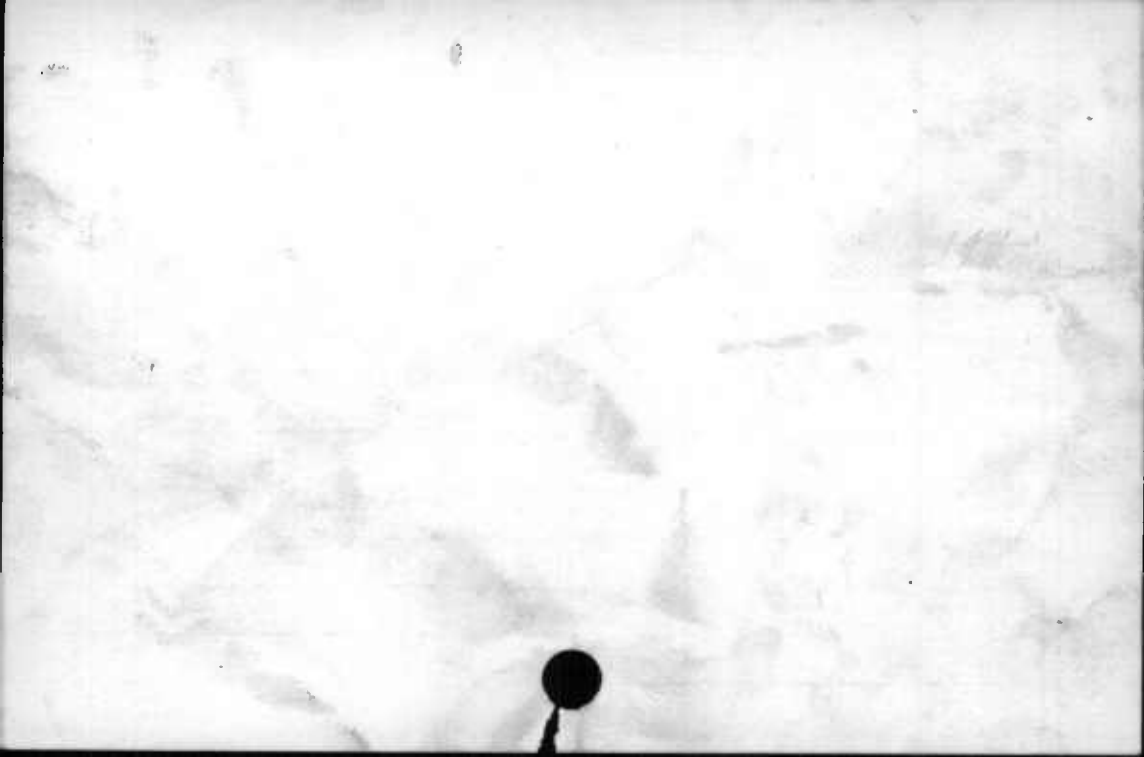
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dublin Dist</i>			County <i>Somerset</i>		MARYLAND	
Date of death	1906	Month <i>Sept</i>	Day <i>24</i>	Age	Years	Months <i>15</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place <i>Somerset Co</i>
Occupation	<i>carpent</i>			Where Residing if not at place of death <i>11</i>		
Married, Single or Widowed	<i>11</i>		Name of Wife or Husband <i>—</i>			
Father's Name	<i>Daniel Gurdy</i>				Father's Birthplace	<i>11</i>
Mother's Maiden Name	<i>Annie Wilson</i>				Mother's Birthplace	<i>11</i>
Name of person giving information	<i>Daniel Gurdy</i>				How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Enteritis</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Daniel Gurdy</i>
		Address	<i>Paromok City, Md</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Marion* Town*Johnson*  
County *Somerset*Date of death *1906* *Sept* MonthDay *23*Age *—* YearsMonths *2*Days *5*Sex *Female*Color or Race *Colored*Birth-place *Marion md*Occupation *—*Where Residing if not  
at place of death *—*Married, Single  
or Widowed *—*Name of Wife or  
Husband *—*Father's  
Name *None Given*Father's  
Birthplace *—*Mother's  
Maiden Name *Hennie Johnson*Mother's  
Birthplace *Marion md*Name of person giving  
In formation *Isaiah Johnson*How related  
to deceased *Uncle*

## CAUSES OF DEATH

Primary *Summer Complaint*

How long

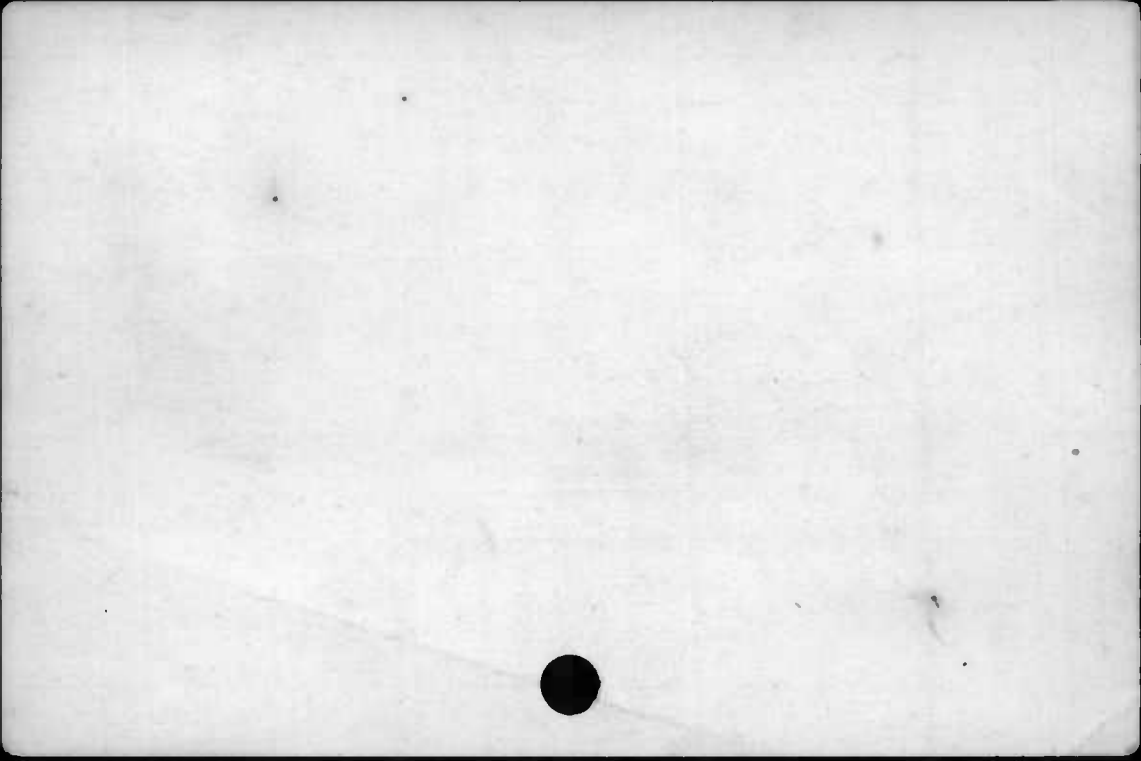
*105* *two week*Immediate *—*How long *—*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician *Isaiah Johnson* (uncle)Address *Marion Sta**md*

Accident or Suicide?

*No Physician in attendance*

Reverend

Name in Full		Mattie Etta Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Arden		Somerset		MARYLAND	
	Date of death	1906	Month Sept	Day 24	Years —	Months 6	Days ✓
	Sex	Female		Color or Race	Colored		
	Occupation	✓			Birth-place	Maryland	
	Where Residing if not at place of death			✓			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Sydney J. S. Jones				Father's Birthplace	Maryland
Mother's Maiden Name	Alice Dashiell				Mother's Birthplace	Maryland	
Name of person giving information	Alicia Jones				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Bronchitis				How long	12 days
	Immediate	Asthma				How long	4 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Henry M. Deabford
	Address	Princess Anne Md.					
Accident or Suicide?	No						



Name  
In  
Full

Louise Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Doris Island</u> <sup>Town</sup>		<u>Somerset</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906</u>	<u>Sept.</u> <sup>Month</sup>	<u>13th</u> <sup>Day</sup>	Age <u>50</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup> <u>      </u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Som. Co.</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Wm Kelly</u>			
Father's Name <u>Snede Webster</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Adeline</u> <u>11 11</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Wm Kelly</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cerebral Softening</u>	<u>65</u> <sup>How long</sup>	<u>6 Mors.</u>
Immediate <u>Asthma</u>	<u>      </u> <sup>How long</sup>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S. J. Windsor</u>	
	Address <u>Somerset, Ind.</u>	
Accident or Suicide? <u>No</u>		





Name  
in  
Full

Andrew Lunsford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hopewell H		County Somerset		MARYLAND	
Date of death		1906	Month Sept	Day 30	Age 74	Months —	Days —
Sex Male		Color or Race Black		Birth- place Marion New			
Occupation Laborer				Where Residing if not at place of death —			
Married, Single or Widowed married		Name of Wife or Husband Dina Lunsford					
Father's Name Harry Whittington		Father's Birthplace Marion New					
Mother's Maiden Name Lorey Whittington		Mother's Birthplace Marion					
Name of person giving information Joe Lunsford		How related to deceased son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	120
Immediate	Paralysis	How long	6 days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. F. Hall	
		Address Crisfield New	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*McDaniel*  
Town County  
Died at *Leekesbury* *Somerset*  
MARYLAND  
Date of death *1906* Month *9* Day *20* Age *Still Born* Years Months Days  
Sex *Male* Color or Race *White* Birth-place *Somerset Co*  
Occupation Where Residing if not at place of death  
Married, Single or Widowed Name of Wife or Husband  
Father's Name *Wm S. McDaniel* Father's Birthplace *md.*  
Mother's Maiden Name *Ida M Bailey* Mother's Birthplace *md*  
Name of person giving information *to Geo. Tull* How related to deceased *none*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still Born* How long  
Immediate How long

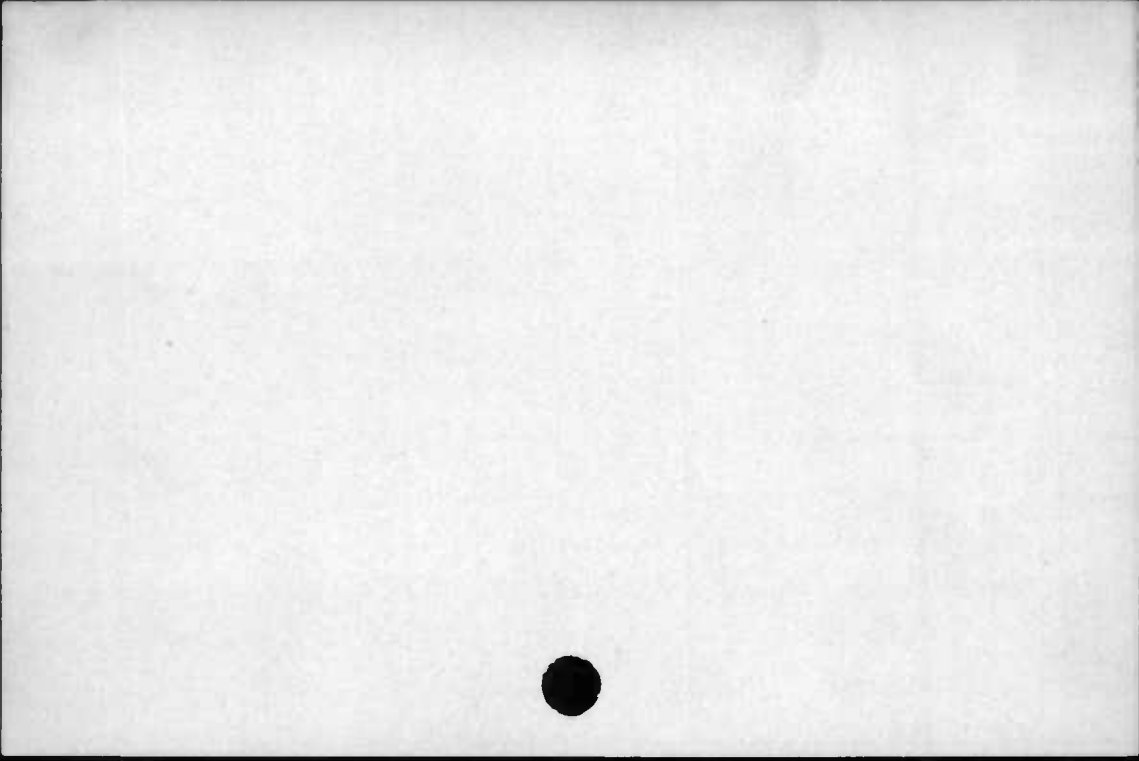
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*None in Attendance*

Accident or Suicide?



Name  
In  
Full

Lois Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Lawsonia		Somerset		MARYLAND	
Date of death	1906	Month	Sept	Day	16	Age	Years 3 Months 14
Sex	Female		Color or Race	White		Birth-place	Lawsonia
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	George L Nelson					Father's Birthplace	Lawsonia Md
Mother's Maiden Name	Maggie Hoffman					Mother's Birthplace	Virginia
Name of person giving information	—					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumo-pneumonia		How long	6 days
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. F. Hall
			Address	Longfield Md
Accident or Suicide?				



Name  
in  
Full

CERTIFICATE OF DEATH

Nathan Morron Piggie  
Town  
Crisfield  
County  
Somerset

MARYLAND

Died at  
Date of death 1906  
Month Sept  
Day 1  
Age 66  
Years 66  
Months 3  
Days

Sex Male  
Color or Race White  
Birth-place Somerset Co.

Occupation Farmer  
Where Residing if not at place of death

Married, Single or Widowed Married  
Name of Wife or Husband Jennie Piggie

Father's Name Jason Piggie  
Father's Birthplace Somerset Co.

Mother's Maiden Name Elizabeth Sterling  
Mother's Birthplace Somerset Co.

Name of person giving information Jennie Piggie  
How related to deceased Wife

CAUSES OF DEATH

Primary Bright's Disease  
How long 1 1/2  
Immediate Cardiac Failure  
How long few hours

Are the name, age, sex, color, date and place correctly given above? Yes

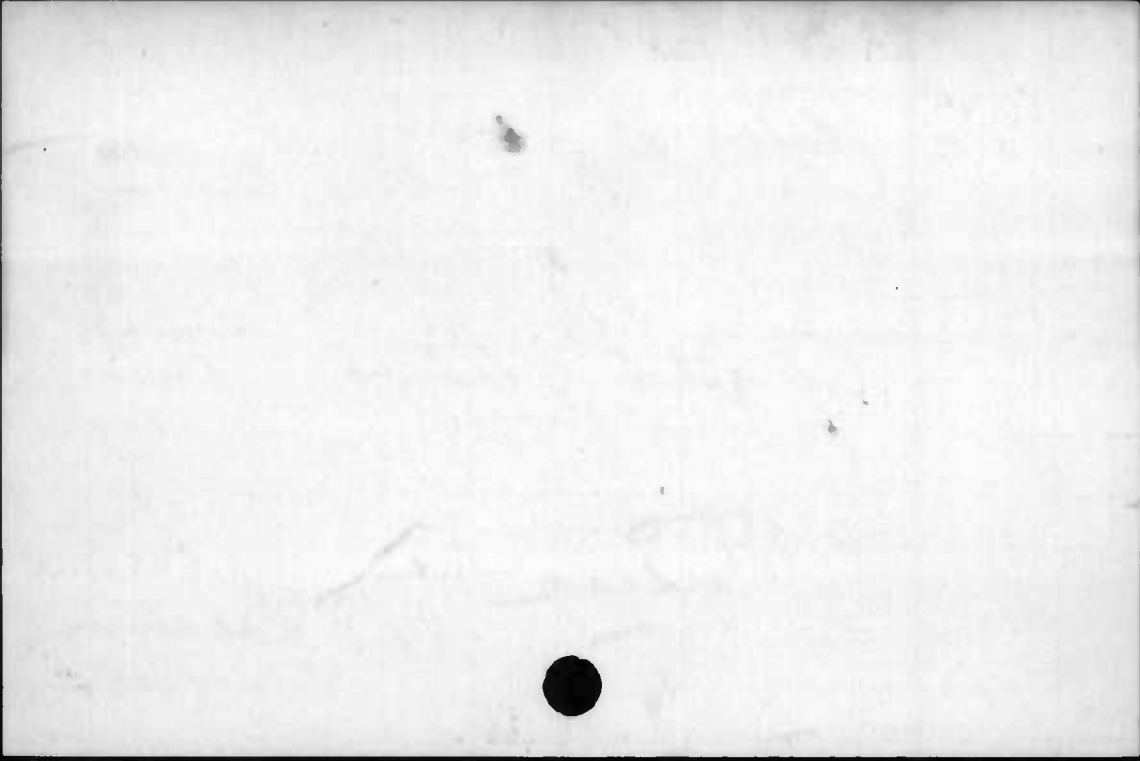
Signature of Physician W. E. Collins

Address Crisfield

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name in Full

Certificate of Death

No name Smith

MARYLAND

Died at Kingston Town Somerset County

Date 1906 Month 19 Day 5 Age 10 Y. M. D. Native of ma Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Frank Smith

Mother's Maiden Name

Sarah Hovey

Cause of

Primary

Enterocolitis

Death

Immediate

How long sick

105

10 days

Accident, Suicide, Homicide

Reported by

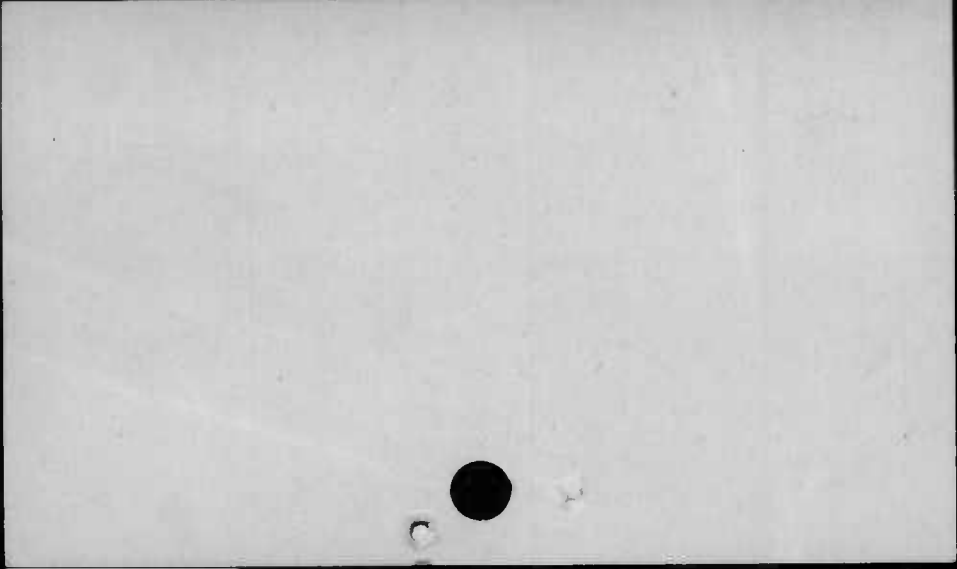
B. J. Emerson

Address

Crescent

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

Addie Soil

Samsert

CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Barrenmont*<sup>County</sup> *Samsert*

MARYLAND

Date of death <sup>Month</sup> *Sept* <sup>Day</sup> *5* <sup>Years</sup> *23* <sup>Age</sup><sup>Months</sup> <sup>Days</sup>Sex *Female*Color or Race *Black*Birth-place *Barrenmont*Occupation *house girl*Where Residing if not at place of death *at Jos. Meier*Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Geo Waters*Father's Birthplace *Barrenmont*Mother's Maiden Name *Prissilla Soil*Mother's Birthplace *Va*Name of person giving information *Jos. Meier*How related to deceased *Wife's Girl*

## CAUSES OF DEATH

Primary *Heart failure*How long *one hour*

Immediate

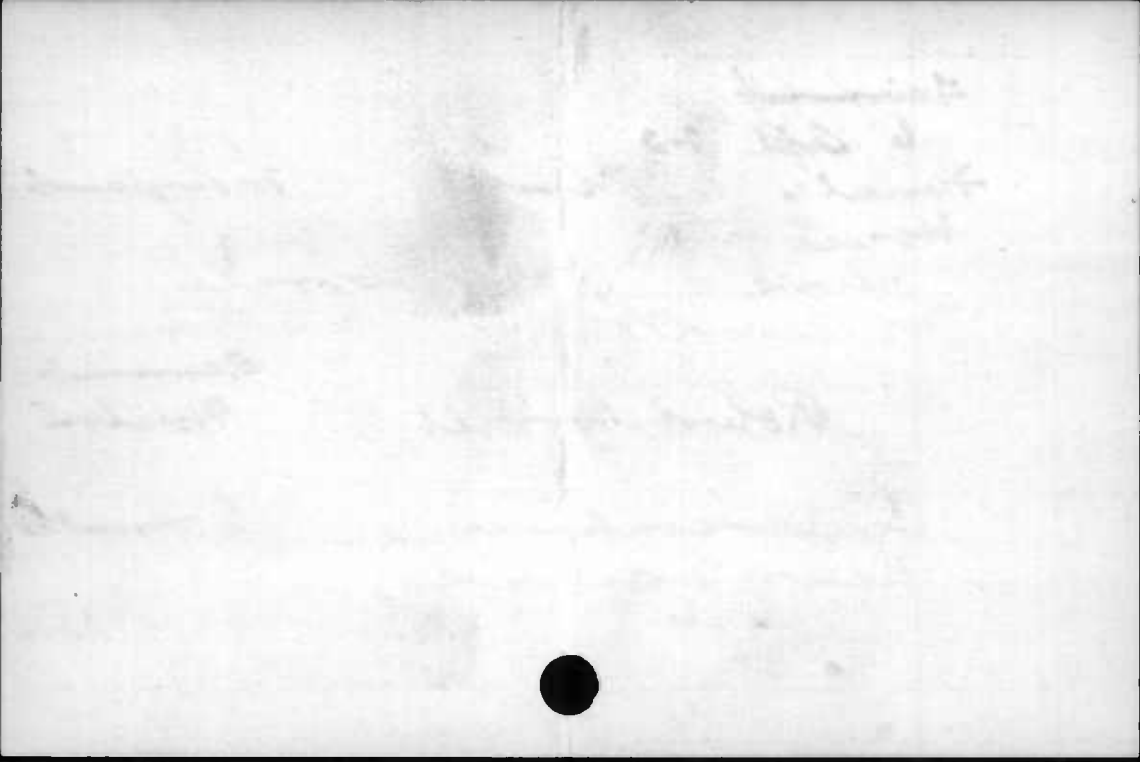
How long " "

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Geo Hall undertaker*Address *Worokin*

Accident or Suicide?



Name in Full <i>Annice Sorrell</i>		CERTIFICATE OF DEATH	
Died at <i>Fairmont</i> Town		County	
Date of death <i>1906</i> Month <i>Apr.</i> Day <i>23</i> Age <i>42</i> Years		Months Days	
Sex <i>Female</i> Color or Race <i>Black</i>		Birth-place <i>Maryland</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Robert Sorrell</i>	
Father's Name <i>William Miles</i>		Father's Birthplace <i>Fairmont W. Va.</i>	
Mother's Maiden Name <i>Jane Kinney</i>		Mother's Birthplace <i>Fairmont W. Va.</i>	
Name of person giving information <i>Robert Sorrell</i>		How related to deceased <i>Heads</i>	
CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 5px;">27</span>			
Primary <i>Tuberculosis</i>		How long <i>6 months</i>	
Immediate <i>Heart Failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Ellaloney M.D.</i>	
		Address <i>Upper Fairmont</i>	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Alton Sterling

Died at <sup>Town</sup> Crisfield <sup>County</sup> Somerset

MARYLAND

Date of death 1906 Sept 12 Age 18 Years Months Days

Sex Male Color or Race White Birth-place Crisfield, Md

Occupation — Where Residing if not at place of death Crisfield, Md

Married, Single or Widowed S - Name of Wife or Husband —

Father's Name William H. Sterling, Father's Birthplace Crisfield Md

Mother's Maiden Name Cicelia Sterling Mother's Birthplace Crisfield Md

Name of person giving information William H. Sterling How related to deceased Father

## CAUSES OF DEATH

Primary Convulsions (6) How long

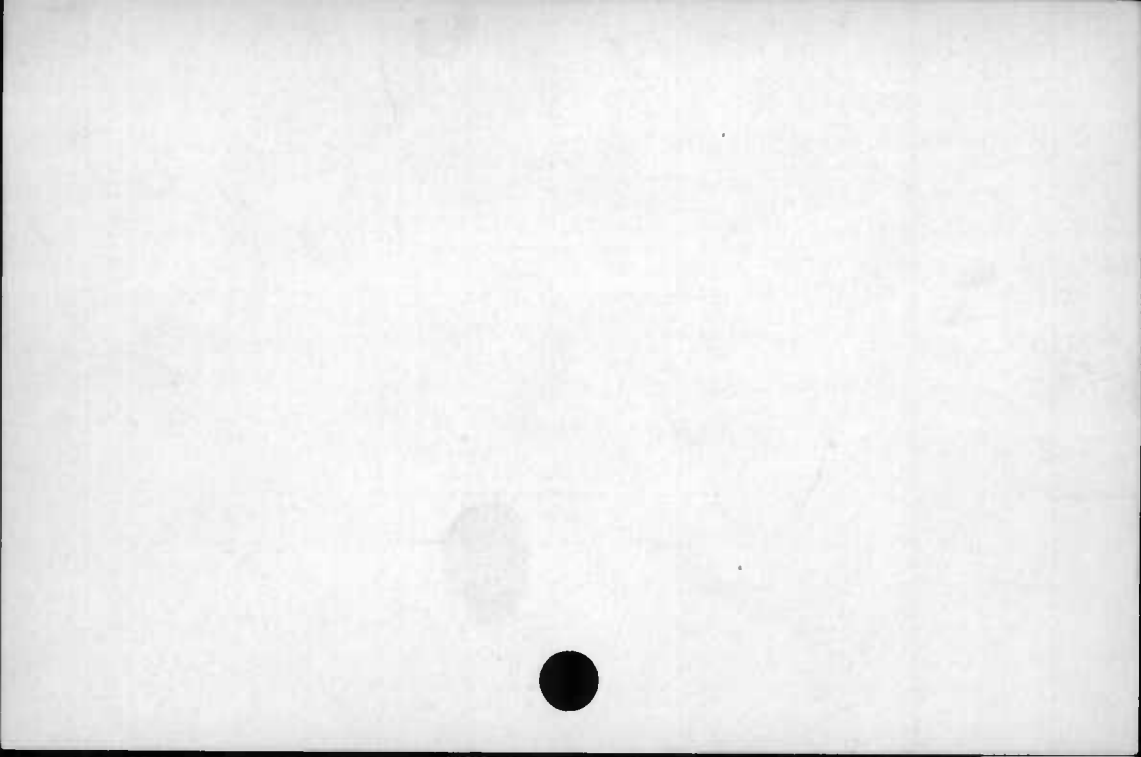
Immediate Cause Cerebro-Spinal Meningitis, How long 3 days -

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Wm. H. Coulbourn

Address Crisfield, Md

Accident or Suicide? — Somerset

PHYSICIAN  
OR CORONER



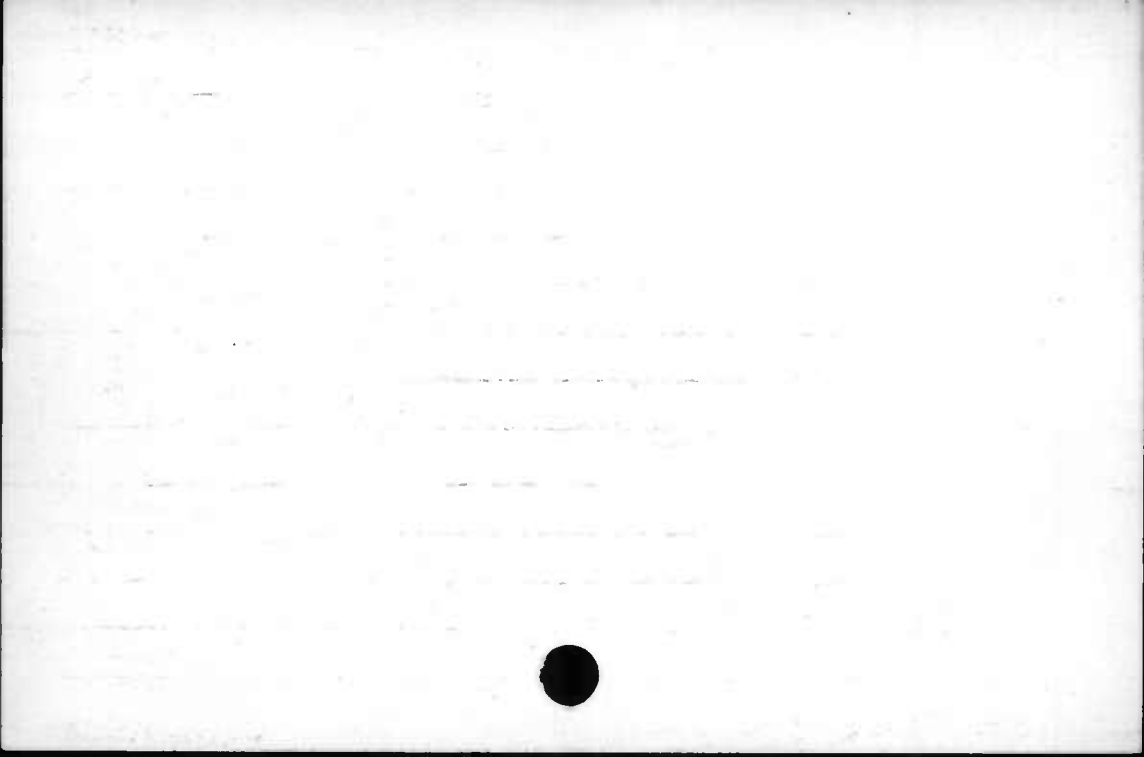


Name in Full		Elizabeth Virginia Sterling Lawsonia Somerset						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Lawsonia		County Somerset		MARYLAND			
	Date of death		1906	Month Sept	Day 14	Age Years	Months 1	Days 2		
	Sex		Female		Color or Race		White		Birth- place	Lawsonia
	Occupation —					Where Residing if not at place of death				
	Married, Single or Widowed			Name of Wife or Husband —						
	Father's Name					Charles H Sterling				
	Mother's Maiden Name					Phoeby Lawson				
PHYSICIAN OR CORONER	Name of person giving In formation					How related to deceased				
	Name of person giving In formation					Mother				
	CAUSES OF DEATH (151)									
	Primary					Premature birth				
Immediate					Innutrition					
Are the name, age, sex, color, date and place correctly given above?					Yes					
Signature of Physician					W F Hall					
Address					Crisfield Md					
Accident or Suicide?										



Name in Full <i>John David Stirling</i>		CERTIFICATE OF DEATH			
Died at <i>Lansdowne</i>		Town <i>Somerset</i>		County	
Date of death <i>1906</i>		Month <i>9</i>	Day <i>22</i>	Age <i>68</i>	Years
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Somerset</i>	Months
Occupation <i>Waterman</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Julia</i>			
Father's Name <i>Joseph Stirling</i>		Father's Birthplace <i>Somerset</i>			
Mother's Maiden Name <i>Kessy</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs. Anna Tyler</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH	
Primary <i>Apoplexy</i>	How long <i>5 days</i>
Immediate <i>Hemiplegia</i>	How long <i>5 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Thomas</i>
Address <i>Trisfield</i>	<i>Md</i>
Accident or Suicide? <i>No.</i>	



Name  
in  
Full

Malchi Elshia Sterling 9/18/VIII

## CERTIFICATE OF DEATH

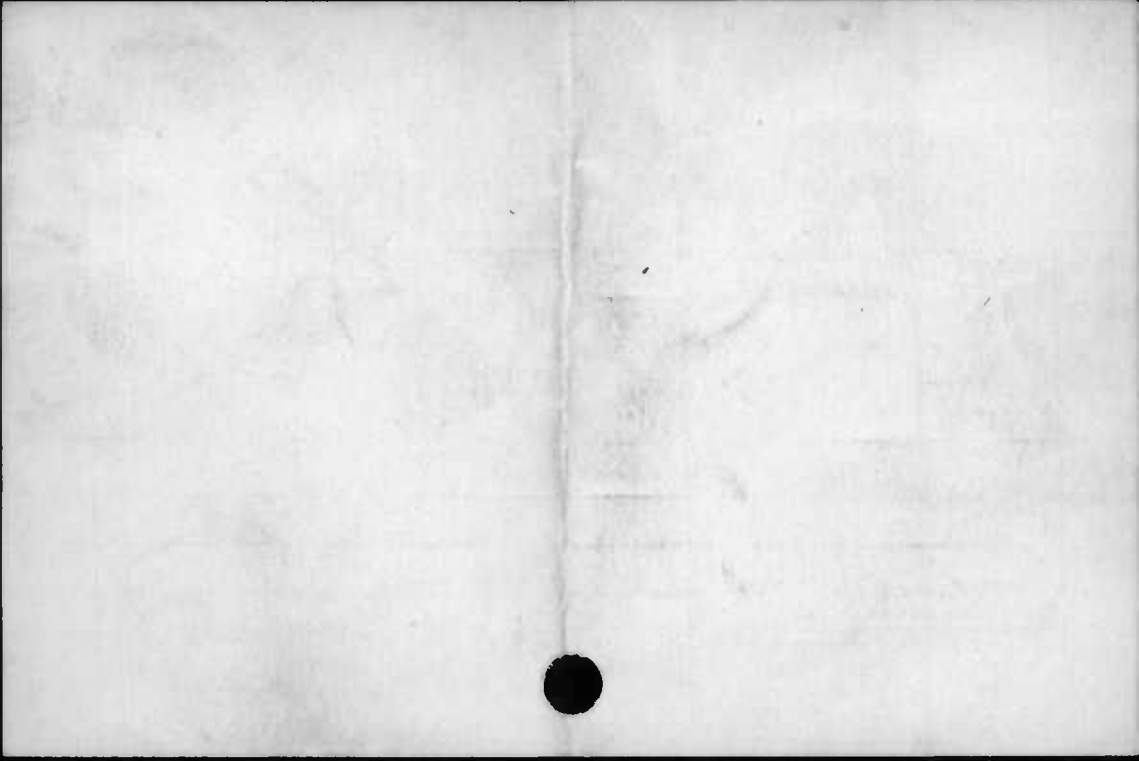
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>Mar</i> <i>Marion</i> <i>Somerset</i>		Town <i>Somerset</i> County <i>Somerset</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>18</i>	Years <i>2</i>	Months <i>9</i>	Days <i>16</i>
Sex <i>Male</i>		Color or Race <i>Ethiopian</i>		Birth-place <i>Somerset - Co.</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Samuel Sterling</i>			Father's Birthplace <i>Somerset Co</i>		
Mother's Maiden Name <i>Maggie White</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Samuel Sterling</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Alcohol + dysentery</i> <i>Poisoning</i>	How long <i>14 hrs</i>
Immediate <i>Asphyxiation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. L. Allen</i>
	Address <i>Marion Station</i> <i>Ind.</i>
Accident or Suicide? <i>Accidental</i>	



Name  
in  
Full

Arantha A Stevenson

## CERTIFICATE OF DEATH

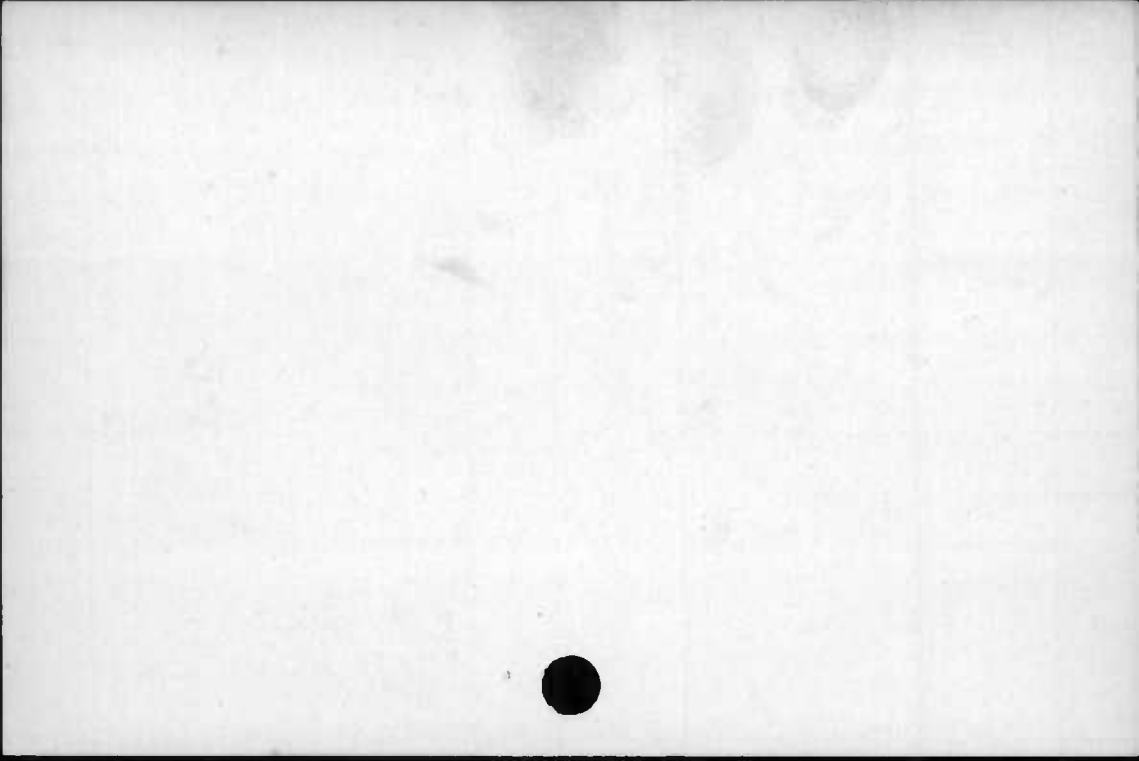
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hopewell		County Somerset		MARYLAND	
Date of death		1906	Month Sep	Day 17	Age 68	Years 8	Months 1
Sex Female		Color or Race White		Birth- place Hopewell Md			
Occupation Housewife				Where Residing if not at place of death —			
Married, Single or Widowed married		Name of Wife or Husband Thomas Stevenson					
Father's Name John A Miles				Father's Birthplace Hopewell Md			
Mother's Maiden Name Eliza				Mother's Birthplace Hopewell Md			
Name of person giving information Lizzie Stevenson				How related to deceased Daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastritis	How long	one year
Immediate	Chronic diarrhoea	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H F Stael	
yes		Address Crossfield Md	
no.			
Accident or Suicide?			





Name  
in  
Full

Wosh Turpin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Gunn Hill* TownCounty *Somerset*Date  
of death *1906*Month *9*Day *5-*Age *52*

Years

Months *—*Days *—*Sex *male*Color or  
Race *Black*Birth-  
place *md*Occupation *Farmer*Where Residing if not  
at place of deathMarried, Single  
or Widowed *married*Name of Wife or  
Husband *Susan Turpin*Father's  
NameFather's  
BirthplaceMother's  
Maiden Name *Julie Ross*Mother's  
Birthplace *md*Name of person giving  
information *Geo Turpin*How related  
to deceased *Son*

## CAUSES OF DEATH

Primary *asthma*How long *Several months*

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician *C. J. Fisher*Address *Pr Anne md.*

Accident or Suicide?



Name in Full		Nathan E Wallace				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Seals Island		Somerset		MARYLAND	
	Date of death	1906	Sept	26	Age	78	
	Sex	Male		Color or Race	Black		Birth- place
	Occupation	Farmer		Where Residing if not at place of death		Seals Island	
	Married, Single or Widowed	Married		Name of Wife or Husband		Mary E. Wallace	
	Father's Name	Arnold Wallace		Father's Birthplace		Seals Is.	
	Mother's Maiden Name	Ebby Wallace		Mother's Birthplace		"	
	Name of person giving Information	John Wallace		How related to deceased		Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Debility and old age				154	long
	Immediate	Heart failure					How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Chas. T. Schwatka
	Accident or Suicide?		Neither		Address		Seals Island Md



Name  
in  
Full

Henry Water

9/8/78


## CERTIFICATE OF DEATH

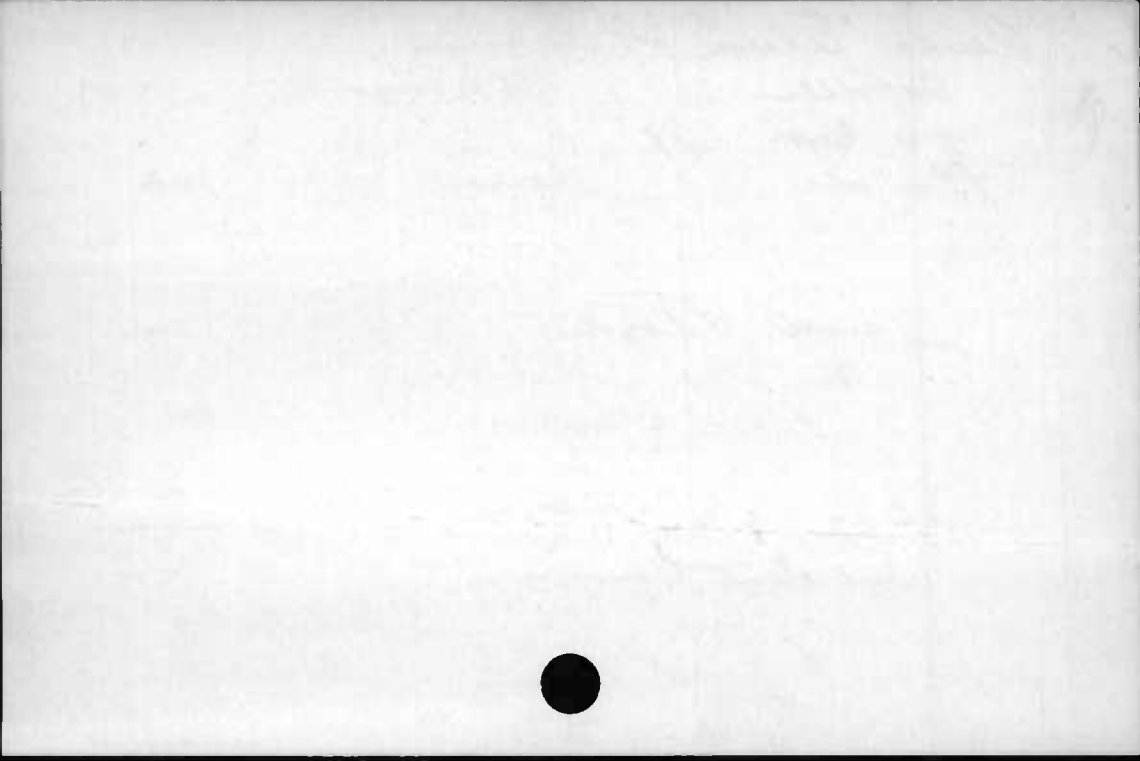
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Deal Island</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sept</i>	Day <i>2</i>	Age <i>25</i> Years	Months <i>-</i> Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Calard</i>		Birthplace <i>Somerset Co.</i>		
Occupation <i>Waterman</i>			Where Residing If not at place of death <i>Drowned near Vienna Md</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Henry Water</i>		Father's Birthplace <i>Somerset Co.</i>			
Mother's Maiden Name <i>Sharliatt Armstrong</i>		Mother's Birthplace <i>Somerset Co.</i>			
Name of person giving information <i>J. W. Hendry</i>		How related to deceased <i>none</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Drowned.</i>	How long <i>in 5 Minutes</i>
Immediate <i>-</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No Physician</i>
<i>Accident</i>	Address 
Accident or Suicide?	



Name  
in  
Full

Martha A. Whitington

## CERTIFICATE OF DEATH

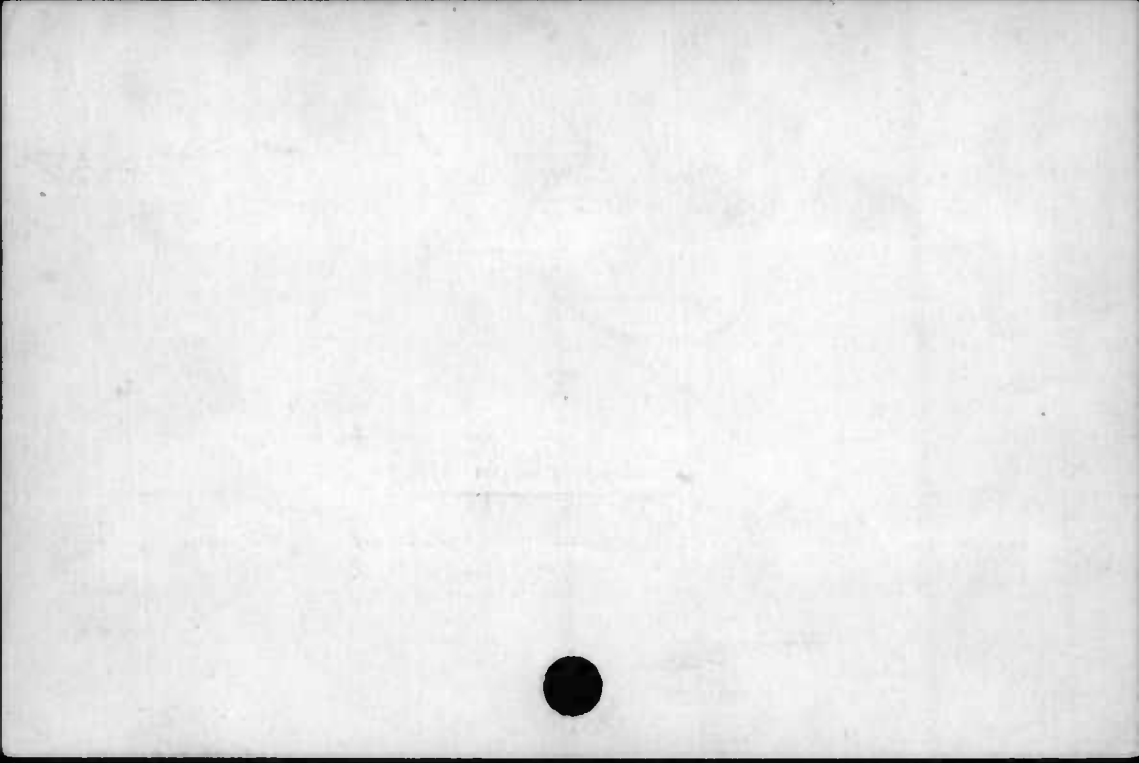
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Marion</u>		Town <u>Marion</u>		County <u>Somerset</u>		State <u>MARYLAND</u>		
Date of death <u>1906</u>	Month <u>Sept.</u>	Day <u>12</u>	Age <u>33</u>	Years	Months	Days		
Sex <u>Female</u>	Color or Race <u>Ethiopian</u>		Birth-place <u>Marion</u>					
Occupation <u>House Work</u>		Where Residing if not at place of death						
Married, <u>Single</u> <del>or Widowed</del>		Name of Wife or Husband <u>Thos. S. Whitington</u>						
Father's Name <u>Simon King</u>		Father's Birthplace <u>Somerset Co</u>						
Mother's Maiden Name <u>Harriet Jones</u>		Mother's Birthplace <u>..</u>						
Name of person giving information <u>Thos. S. Whitington</u>		How related to deceased <u>Husband</u>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>13 mos</u>
Immediate <u>General weakness</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. Allen</u>
Accident or Suicide?	Address <u>Marion Station</u> <u>md.</u>





Name in Full		No Name <i>Williams</i>				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Marion</i>		County <i>Dorchester</i>		MARYLAND
	Date of death	1906	Month	9	Day	4	Age
	Sex		Female		Color or Race		Colored
	Occupation		—		Where Residing if not at place of death		—
	Married, Single or Widowed		—		Name of Wife or Husband		—
	Father's Name		Don't Know		Father's Birthplace		—
PHYSICIAN OR CORONER	Mother's Maiden Name		Lula Williams		Mother's Birthplace		Dorchester Co
	Name of person giving information		E J Outen		How related to deceased		None
	CAUSES OF DEATH						
	Primary		Summer Complaint		How long		Two months
Immediate		—		How long		—	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E J Outen	
Address		—		Address		Marion Sta R70	
Accident or Suicide?		No Physician in attendance		—		—	

